

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** ANNAS HOUSE (410494)

**Address:** 5449 CTH K, NEW FRANKEN, WI 54229

**License Status:** REGULAR

**Licensed/Certified/Registered** 02/01/1998

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0095254      **End Date:** 06/27/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Survey ID: 0094376      End Date: 02/10/2005      Type: STANDARD      Purpose: SURVEY/COMPLAINT/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007130    Served 04/02/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(2)(a)5	CLIENT GROUP TO BE SERVED	06/23/2005	Yes
83.11(3)(a)	RESPONSIBILITIES	06/23/2005	Yes
83.14(1)	TRAINING	06/23/2005	Yes
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING	06/23/2005	Yes
83.14(1)(c)	UNIVERSAL PRECAUTIONS	06/23/2005	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	06/23/2005	Yes
83.14(2)	TRAINING DIETARY NEEDS & MENU PLANNING	06/23/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	06/23/2005	Yes
83.17(1)	RESIDENT FUNDS-AUTHORIZATION	06/23/2005	Yes
83.17(3)(a)3	WRITTEN REPORT OF RESIDENT'S ACCOUNT	06/23/2005	Yes
83.19(1)(e)1	ABUSE OR MISAPPROPRIATION OF PROPERTY	06/23/2005	Yes
83.19(3)(c)	INVESTIGATE ALLEGATION	06/23/2005	Yes
83.21(4)(g)	FAIR TREATMENT	06/23/2005	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	06/23/2005	Yes
83.32(2)(b)	DEVELOPMENT	06/23/2005	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	06/23/2005	Yes
83.33(3)(a)2	REVIEW OF MEDICATION REGIMEN	06/23/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	06/23/2005	Yes

**Survey ID: 0094452      End Date: 02/08/2005      Type: OTHER      Purpose: DESK REVIEW**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10007110    Served 04/02/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALLED CAREGIVERS	04/08/2005	Yes

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**Survey ID: 0094032      End Date: 12/16/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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**Survey ID: 0092730      End Date: 05/11/2004      Type: OTHER      Purpose: COMPLAINT**

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10006973    Served 06/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	02/10/2005	Yes
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	02/10/2005	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	02/10/2005	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	02/10/2005	Yes
83.33(2)(h)1	MEDICAL SERVICES	02/10/2005	Yes

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Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 04/01/2005      SOD #10007130      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING  
FORFEITURE---83.14  
FORFEITURE---83.14(1)  
FORFEITURE---83.14(1)(a)3  
FORFEITURE---83.14(1)(d)  
FORFEITURE---83.14(2)  
FORFEITURE---83.14(7)(b)  
FORFEITURE---83.19(1)(e)1  
FORFEITURE---83.19(3)(c)  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.32(2)(a)  
FORFEITURE---83.32(2)(b)  
FORFEITURE---83.32(2)(c)1

**Date: 06/15/2004      SOD #10006973      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.19(1)(d)  
FORFEITURE---83.21(4)

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For the period 06/01/2003 to 05/31/2006  
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CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 06/17/2005**

**Date Investigation Completed: 07/22/2005**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 02/01/2005**

**Date Investigation Completed: 03/09/2005**

Subject Area(s)

ADMINISTRATION

PROGRAM SERVICES

Result

SUBSTANTIATED

SUBSTANTIATED

SOD #

10007130

10007130

**Date Complaint Received: 12/14/2004**

**Date Investigation Completed: 01/31/2005**

Subject Area(s)

ADMINISTRATION

Result

NOT SUBSTANTIATED

SOD #

**Date Complaint Received: 11/22/2003**

**Date Investigation Completed: 05/11/2004**

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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